Meeting Date: FEBRUARY 14, 2013
Subject:
Business and Travel Expense Reimbursement Reports for Board Members, President/CEO, Chief Auditor and General Counsel When Attending Conferences, Meetings, and Training at the Expense of the Authority
Recommendation:
For information only.
Background/Justification:
Authority Policy 3.30 (2)(b) and (4)(b) require that business expenses reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting.
Authority Policy 3.40 (2)(b) and (3)(b) require that travel expense reimbursements of Board Members, the President/CEO, the Chief Auditor and the General Counsel be approved by the Executive Committee and presented to the Board for its information at its next regularly scheduled meeting.
The attached reports are being presented to comply with the requirements of Policies 3.30 and 3.40.
Fiscal Impact:
Funds for Business and Travel expenses are included in the FY 2013 Budget.
Authority Strategies:
This item supports one or more of the Authority Strategies, as follows:

#### **Environmental Review:**

- A. This Board action is not a project that would have a significant effect on the environment as defined by the California Environmental Quality Act (CEQA), as amended. 14 Cal. Code Regs. §15378. This Board action is not a "project" subject to CEQA. Cal. Pub. Res. Code §21065.
- B. California Coastal Act Review: This Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.

### **Equal Opportunity Program:**

Not applicable.

### **Prepared by:**

TONY RUSSELL DIRECTOR, CORPORATE SERVICES/AUTHORITY CLERK

# TRAVEL REQUESTS

# THELLA F. BOWENS

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY <u>OUT-OF-TOWN TRAVEL</u> REQUEST

#### **GENERAL INSTRUCTIONS:**

- A. All travel requests must conform to applicable provisions of Policies 3.30 and 3.40.
- B Personnel traveling at Authority expense shall, consistent with the provisions of Policies 3.30 and 3.40, use the most economical means available to affect the travel.

1. TRAVELER	R:						
Travelers Na	ame:	Thella F. Boy	vens			Dept:	<b>BU6 Exec Office</b>
Position:	Boa	ard Member		o ۲	Gen. Counsel	_	Chief Auditor
	☐ All c	other Authority e	mployees (does not r	equire exec	utive committee	administra	ator approval)
2. DATE OF F	REQUES	T: <u>01/23/13</u>	PLANNED DATE	OF DEPART	TURE/RETURN:	04/17	/13 / 04/18/13
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# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY <u>OUT-OF-TOWN TRAVEL REQUEST</u>

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Position:	1. TRAVE Traveler		<b>e</b> :	Thella F. Bow	ens				Dept:		xecutive Office U6
2. DATE OF REQUEST: 01/18/13 PLANNED DATE OF DEPARTURE/RETURN: 06/06/13 / 08/13/13 3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip—continue on extra shee of paper as necessary):  Destination:Istanbul, Turkey Purpose: Participate in ACI World Governing Board/ACI-NA Board/ACI-Pund Board Meetings and attend the ACI Europe World Annual Congress and Exhibition  Explanation:  4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 250.00  \$ 2700.00  C. MEALS  • S 500.00  D. SEMINAR AND CONFERENCE FEES \$ 1239.00  E. ENTERTAINMENT (If applicable) \$ 1239.00  F. OTHER INCIDENTAL EXPENSES \$ 200.00  TOTAL PROJECTED TRAVEL EXPENSE \$ 11189.00  CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel are associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.  Travelers Signature:  Date: CERTIFICATION BY ADMINISTRATOR (Where Administrator is the Executive Committee, the Authority By my signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse signature is required).  By my signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse signature is required and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to thathority's business and reasonable in comparison to the anticipated benefit to thathority.  3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.	Position:		F	Board Member	✓ President/CEO	ſ	- Ger	n. Counsel	•		·····
2. DATE OF REQUEST: 01/18/13 PLANNED DATE OF DEPARTURE/RETURN: 06/06/13 / 06/13/13 3. DESTINATIONS/PURPOSE (Provide detailed explanation as to the purpose of the trip—continue on extra shee of paper as necessary):  Destination:Istanbul, Turkey Purpose: Participate in ACI World Governing Board/ACI-NA Board/ACI Fund Board Meetings and attend the ACI Europe World Annual Congress and Exhibition  Explanation:  4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental) \$ 250.00  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES \$ 1239.00  E. ENTERTAINMENT (if applicable) \$ 11189.00  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  * 11189.00  **CERTIFICATION BY TRAVELER* By my signature below, I certify that the above listed out-of-town travel are associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.  Travelers Signature: Date:  **Date: Date: CERTIFICATION BY ADMINISTRATOR**  (Where Administrator is the Executive Committee, the Authority Date:			Γ <i>Α</i>	All other Authority en	nployees (does not re	quire ex	ecutive	e committee	e administra	ator	approval)
Destination:Istanbul, Turkey  Purpose: Participate in ACI World Governing Board/ACI-NA Board/ACI Fund Board Meetings and attend the ACI Europe World Annual Congress and Exhibition  Explanation:  4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES  A. TRANSPORTATION COSTS:  • AIRFARE  • OTHER TRANSPORTATION (Taxi, Train, Car Rental)  B. LODGING  C. MEALS  D. SEMINAR AND CONFERENCE FEES  E. ENTERTAINMENT (If applicable)  F. OTHER INCIDENTAL EXPENSES  TOTAL PROJECTED TRAVEL EXPENSE  CERTIFICATION BY TRAVELER By my signature below, I certify that the above listed out-of-town travel are associated expenses conform to the Authority's Policies 3.30 and 3.40 and are reasonable and directly related to the Authority's business.  Travelers Signature:  Date:  Date:  CERTIFICATION BY ADMINISTRATOR  (Where Administrator is the Executive Committee, the Authority Clerk's signature below, I certify the following:  1. I have conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel request and the details provided on the reverse conscientiously reviewed the above out-of-town travel and all identified expenses are necessary for the advancement of the Authority's business and reasonable in comparison to the anticipated benefit to the Authority.  3. The concerned out-of-town travel and all identified expenses conform to the requirements and intent of Authority's Policies 3.30 and 3.40.  Administrator's Signature:  Date:  Date:  Date:	2. DATE										
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hereby certify that this document was approved

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY <u>OUT-OF-TOWN TRAVEL REQUEST</u>

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Positio	on:	☐ Board I	Member	✓ Presid	ent/CEO	ſ G	en. Counsel			Chief Auditor
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by the Executive Committee at its

meeting.

# **EXPENSE REPORTS**

# ROBERT H. GLEASON

### SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT - Board Members

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(To be completed within 30 days from travel return date)
Robert H. Gleason

Departure Date:	12/3/2012	Return Date:		12/7/2012		Rep	ort Dan: _	1/6	V13
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# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

GENERAL	INICTOL	CTIONS
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A. All travel requests must conform     B. Personnel traveling at Authority     the most economical means available.	expense shall, consister	nt with the provisions	of Policies	3.30 and <u>3.40</u> , use
TRAVELER:     Travelers Name:     Robert H. Glea	son	2:	Dept: Bo	pard/2
Position:	☐ President/CEO	Gen. Counsel		Chief Auditor
	nployees (does not requi	e executive committe	ee administr	rator approval)
2. DATE OF REQUEST: 10/25/12	PLANNED DATE OF DE	PARTURE/RETURN:	12/3/12	I 12/7/12
DESTINATIONS/PURPOSE (Provid of paper as necessary):     Destination: Tokyo, Japan     Explanation:		to the purpose of those: Attend Japan A		
4. PROJECTED OUT-OF-TOWN TRA' A. TRANSPORTATION COST  • AIRFARE  • OTHER TRANSPORTA  B. LODGING C. MEALS D. SEMINAR AND CONFERE E. ENTERTAINMENT (If applie F. OTHER INCIDENTAL EXPE	S: TION (Taxi, Train, Car R NCE FEES cable) ENSES	s	4100 500 1100 500 200 6400	
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AUTHORITY CLERK CERTIFICATION ON BEHALF OF EXECUTIVE COMMITTEE

## 03 DEC 2012 ▶ 07 DEC 2012 TRIP TO TOKYO NARITA, JAPAN

PREPARED FOR

## GLEASON/ROBERT



TRAVELTRUST SCRIPPS RANCH 1-800-792-4662 TRAVEL CONSULTANT E4

RESERVATION CODE HOITNZ AIRLINE RESERVATION CODE KY4RHA (JL) **Travel Arranger Priority Comments** YOUR JAPAN AIRLINES ETICKET CONFIRMATION IS \*\* KY4RHA \*\*

---INVOICE/ITINERARY ACCOUNTING DOCUMENT--\*\*\*\*\*\*\*TICKETLESS TRAVEL INSTRUCTIONS\*\*\*\*\*\*

THIS IS AN E-TICKET RESERVATION.

A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR THE FLIGHTS BOOKED, IF THE RESERVATION IS NOT USED OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS IT MAY HAVE NO VALUE, CONTACT TRAVELTRUST BEFORE YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.

PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV

FOR TRAVEL TO JAPAN

A US CITIZEN MUST HAVE A VALID PASSPORT YOU CANNOT TRAVEL OUT OF THE UNITED STATES IF YOUR U.S. PASSPORT EXPIRES WITHIN 6 MONTHS OF YOUR DEPARTURE DATE

FOR EMERGENCY AFTERHOURS SERVICE WHILE IN JAPAN

PLEASE CALL 010/061-010/0041-010/0033-0100 THEN 800-15253545 IF INTL AFTERHOUR NUMBER DOES NOT WORK

DIAL DIRECT OR COLLECT 201-221-4462

YOUR INTERNATIONAL TRAVEL MAY REQUIRE VACCINATIONS PLEASE CHECK WWW.CDC.GOV FOR LATEST REQUIREMENTS

DEPARTURE: MONDAY 03 DEC > ARRIVAL: TUESDAY 04 DEC

Please verify flight times prior to departure

JAPAN AIRLINES JL 0065 12hr(s) 00m/n(s)

SAN SAN DIEGO, CA

Departing At:

11:30am

Terminal:

(Mon, Dec 3)

COMMUTER TERMINAL

NRT TOKYO NARITA, JAPAN

> Arriving At: 4:30pm (Tue, Dec 4)

Terminal: **TERMINAL 2** 

Aircraft: Air

Distance (in Miles): 5554

Stop(s): 0

Notes:

\*\* AISLE SEAT **CONFIRMED \*\*** 

Passenger Name: Seats: (1904 Class (Station Frequent Fyeight Veight (1906) (1907 Cker Receipt (2)) Meals: 1317141341625 Served » GLEASON/ROBERT 07C / Confirmed Business Confirmed



DEPARTURE: FRIDAY 07 DEC Please verify flight times prior to departure

## JAPAN AIRLINES JL-0066

Duration: 09hr(s):35min(s)

### **NRT** TOKYO NARITA, JAPAN

Departing At: 5:10pm

Terminal: **TERMINAL 2** 

#### SAN SAN DIEGO, CA

Arriving At: 9:45am

Terminal: COMMUTER TERMINAL Aircraft: Air

Distance (in Miles): 5554

Stop(s): 0

Notes:

\*\* AISLE SEAT CONFIRMED \*\*

Passenger Name: ""	Seals	Class	Status	FrequentiFlyer#	eTicket Receipt(s)	Meals:
» GLEASON/ROBERT					1317141341625	Served
oOTHER: WEDN	FSDAY 05 J	UN				

OTHER Status:

Confirmed

SAN SAN DIEGO, CA

Information:

RESERVATION RETAINED FOR 180 DAYS

#### Notes

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST AND SATURDAY FROM 9AM-1PM PST - 760-635-1700. FOR EMERGENCY AFTERHOURS SERVICE IN THE US PLEASE CALL 888-221-6062 AND USE YOUR VIT CODE - S7NS0 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00 THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY

TRAVELTRUST SCRIPPS RANCH 1-800-792-4662

TRAVEL CONSULTANT E4

# お勘定書 **STATEMENT**

株式会社 帝国ホテル

〒100-8558 東京都千代田区内幸町1丁目1-1

Imperial Hotel, Ltd.

1-1, Uchisaiwai-cho 1-chome, Chiyoda-ku, Tokyo 100-8558, Japan TEL (03) 3504-1111 FAX (03) 3581-9146

お名前 NAME MR GLEASON ROBERT H

お部屋番号

ROOM

1219

ご到着

ARR.

2012/12/04

ご人数

PSN

1

ご出発 DEP.

2012/12/07

. C . C .

PAGE 1

日 付 DATE	部屋番号 ROOM	料 金 CHARGES	摘  要 RIFFERENCE	伝票番号 CHIT NO.
12/04	1219	22,000 1,100 200	PLAN CONSUMPTION TAX ACCOMMODATION TAX	
12/05		200	SUB TOTAL PLAN CONSUMPTAON TAX ACCOMMODALION TAX	
12/06		10.10% 467.60 PETOTAL 24.0006	COINSIPAR II ON TAX	1100074
12/07			SUBLICITAL RECEIVED	0024202
	TATABLE	RECENTED	LARD	

也だ勝手ではございますが、お勘定の一割をサービス料として 頂戴させていただきます。 伝票につきましては、すでにお渡し 済みでございますので、再発行いたしかねます。

今後も引き続きお引き立てくださいますようお願い申し上げます。

ご署名 SIGNATURE A 10% service charge has been added to all bills. Chits are not attached herewith as guests receive them upon each usage of our facilities.

We sincerely appreciate your gracious patronage.

Commence of the second

CARD \*\*\*\*\*\*\*\* GLEASON/ROBERT H

F32 121207 0821 P-NO 0024202 (4)





January 2013 Statement 12/13/2012 - 01/10/2013

ROBERT H GLEASON MARC J MATYS Cardmember Service

Page 3 of 5.

1-877-978-7446

Transactions

**Purchases and Other Debits** 

Post Trans

Date Date

Ref#

**Transaction Description** 

Amount

12/19 12/07

4863

IMPERIAL HOTEL 77776.00 YEN TOKYO

AVRIORT

\$928.20





January 2013, Statement 12/13/2012 - 01/10/2013

ROBERT H GLEASON MARC J MATYS

Cardmember Service

Page 4 of 5 1-877-978-7446

##.Ansaeilou

**Purchases and Other Debits** 

Fe	e	S
----	---	---

Post Date	Trans Date	Ref#	Transaction Description	Amount
12/19	12/07	4863	FRGN TRANS FEE-IMPERIAL HOTEL TO	\$27.84
			TOTAL FEES THIS PERIOD -10.1% An Meal	\$27.84 - 2.81
			Continued on Most Davis	26.03

Continued on Next Page

Receipt

Name: Rosert Bleavon

December 7, 2012

¥2,940

Trainto Navita Arrport

印紙税申告納付につき波谷

In payment of Fare ticket

The printing on this receipt will fade with time. Please photocopy if you need it for your records.

East Japan Railway Company 東京835 No.000001

# **Currency Converter**

investing.money.msn.com/investments/currency-converter-calculator
Symbol /USDJPY not
found in historical price
database

2940

Japanese Y

To

US Dollar

Convert

2940 Japanese Yen = 33.516 US Dollar1 JPY = 0.01140000 USD · 1 USD = 87.719298 JPY

# THELLA F. BOWENS

## SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

TRAVELER: Thella F, Bowens				DEPT. NA			·	.Exe	Executive Office BU6			
DEPART	URE DATE:	12/5/2012	RETUR	N DATE:		12/8/201	2	REPO	RT DUE:		/7/13	
DESTINA		Washington, D.C.										
Please ret	fer to the Author	ity Travel and Lodging Expense R	eimbursement	Policy, Ar	ticle 3, Pai	rt 3.4, Sec	tion 3.40,	outlining a	ppropriate	reimburs	able	
expenses	i and approvais. ny special items	Please attach all required suppor should be explained in the space	ting document	ation. All i	eceipts m	ust be deta	ailed, (cred	dit card red	ceipts do r	ot provide	sufficient	
Gertally, 70	ny apociaritems	anould be explained in the space	Authority	v. T								
			Expenses				Employ	ee Expens	ses			
			(Prepaid by	SUNDAY	MONDAY	TUESDAY	WEDNESDAY		FRIDAY	SATURDAY		
Air Fare F	Pailroad Rue (at	tach copy of itinerary w/charges)	Authority)	<del></del>	<del> </del>	<del>                                     </del>	12/5/12	12/6/12	12/7/12	12/8/12	TOTALS	
		copy of flyer/registration expenses)	571.60 485.00		<del> </del>	<b></b>		<b></b>			0.0	
Rental Ca		copy of hyemogisa adon expenses;	465.00		<del> </del>	<del> </del>					0.0	
Gas and C					<del> </del>						0.0	
Garage/Pa					<del> </del>		<del> </del>				0.0	
	attach mileage f	orm*				<b></b>					0.0	
		include tips pd.)*	p 1 (a) than h of a 400 and Place Charles and The Table Code ()				70,50		62.00	-	132.5	
Hotel*							285.11	285.11	02.00		570.2	
	, Internet and F	ax*									0.0	
Laundry*											0.0	
Tips - <i>sepa</i>	arately paid (ma	ids,bellhop,other hotel srvs.)									0.0	
Meals	Breakfast*							45.94			45.9	
(include	Lunch*										0.0	
tips pd.)	Dinner*						42.80	11.29			54.0	
	Other Meals	*									0.0	
	non-reimbursab	le expense		100	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	17.0		ALC: N	11.00	体实际码		
Hospitality	1 #										0.0	
Miscellane	ous: Baggage i	-ees									0.0	
											0.0	
											0.0	
Provide de	etailed receipts										0.0	
	Tol	al Expenses prepaid by Authority	1,056.60	0.00	0.00	0.00	398.41	342.34	62.00	0.00	802.7	
Explanation	n:				Total Expe	enses Pre	paid by Au	thority			1,056.6	
					Total Exp	enses Inci	irred by Ei	mployee			1,000.0	
		ded to the end of trip to reduce over			(including	cash adva			- 400		802.7	
the 12/7/12	2 hotel rate of \$	170.61 was not submitted for reim	bursement.	4	Grand Tri						1,859.3	
				1			(attach cop		ck)			
							paid by Au				1,056.60	
						Due Traveler (positive amount) <sup>2</sup>						
¹Give name	es and business aff	filiations of any persons whose meals w	ere paid by travel	mr.		••	Due Authority (negative amount) <sup>3</sup>					
- riepare C	moun nequest	filiations of any persons whose meals w	ere paid by travel	mr.	Due Auth	ority (neg					802.75	
Attach pen	sonal check payab	le to SDCRAA		er.	Due Autho	ority (neg ote: Send ti	his report to	Accountin			<b>\$0.</b>	
*Attach per	er or administra	ole to SDCRAA ator acknowledge that I have re	ead, understa	nd and a	Due Authorized Augree to A	ority (neg ote: Send ti uthority p	olicies 3.	Accounting	el and Lo	dging Ex	s <b>\$0</b> . pense	
as travele	er or administration	e to SDCRAA ator acknowledge that I have re and 3.30 - Business Expense F	ead, understa	nd and a	Due Authorized Augree to A	ority (negote: Send ti uthority p	olicies 3.	Accounting 40 - Trav	el and Lo	odging Ex	pense	
as travele	er or administration	le to SDCRAA	ead, understa	nd and a	Due Authorized Augree to A	ority (negote: Send ti uthority p	olicies 3.	Accounting 40 - Trav	el and Lo	odging Ex	pense	
as travele	er or administra ement Policy <sup>4</sup> a lility. I further c	ator acknowledge that I have re and 3.30 - Business Expense F ertify that this report of travel ex	ead, understa Reimburseme kpenses were	nd and a nt Policy <sup>5</sup> e incurred	gree to Address of the connection of the connect	ority (negote: Send tile uthority pany purcection with	olicies 3. hases/cla n official A	Accounting 40 - Travisims that a Authority t	el and Lo are not al ousiness	odging Ex	pense	
as travele Reimburse esponsibi	er or administra ement Policy <sup>4</sup> a lility. I further c	e to SDCRAA ator acknowledge that I have re and 3.30 - Business Expense F	ead, understa Reimburseme kpenses were	nd and a nt Policy <sup>5</sup> e incurred	gree to Address of the connection of the connect	ority (negote: Send tile uthority pany purcection with	olicies 3.	Accounting 40 - Travisims that a Authority t	el and Lo are not al ousiness	odging Ex	pense	
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as traveler seponsibility or rect.  Prepared By raveler Sign pproved ButthORIT	er or administratement Policy <sup>a</sup> additional Longon Policy and Long	ator acknowledge that I have reand 3.30 - Business Expense Fertify that this report of travel exadging Expense Reimbursement P	ead, understa Reimburseme kpenses were colicy 3.40 / G. Caldera	nd and and and Policy <sup>5</sup> incurred	Due Auth No gree to Ai and that in conne Business E	ority (negote: Send ti uthority p any purc ction with expense F	nis report to olicies 3. hases/cla n official A teimburse E	Accounting  40 - Trav  ims that a  Authority the second se	rel and Loare not all pusiness by 3.30	odging Ex lowed wil and is tru 2445	pense I be my e and  OAS  ef Auditor)	

Failure to attach required documentation will result in the delay of processing reimbursement. If you have any questions, please see your department Administrative Assistant or call Accounting at ext. 2806.

ORIGINAL

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

B. Perso	ivel requests onnel travelin	must conform	n to applicable provision expense shall, consist allable to affect the trav	ent with the provis	and <u>3.40</u> . ions of Poli	cies <u>3,30</u> and <u>3.40</u> , use
1. TRAVELER Travelers Na	₹:	hella F. Bowe		ei.	Dept:	6 Exec Office
Position:	☐ Board I		F President/CEO	Gen. Counsel		Chief Auditor
	All other	r Authority emp	loyees (does not require	executive committee	e administr	ator approval)
2. DATE OF F	REQUEST:	11/06/12	PLANNED DATE OF DE	PARTURE/RETUR	N: <u>12/05</u>	/12 / 12/07/12
3. DESTINAT of paper as	TONS/PURP	OSE (Provide	detailed explanation a	s to the purpose o	f the trip- c	continue on extra sheets
	n:Washingto	•	and	International Aviat	ion leeuse	ve Committee Mtg
Explanation Issues Se	on: Attend S	pecial meeting	g of ACI-NA Executive	Committee and 20	12 ACI-NA	International Aviation
A. TR B. LO. C. ME D. SE E. EN F. OTI	ANSPORTA AIRFARE OTHER TR DGING ALS MINAR AND TERTAINME HER INCIDE TOTAL PR FION BY T enses confor	TION COSTS  ANSPORTAT  CONFERENCE  ONT (If applica  NTAL EXPEN  OJECTED TO	ION (Taxi, Train, Car R CE FEES ble)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	835,00 150,00 550,00 150,00 485,00 100,00 2270,00 above listed	
Travelers Sign	nature	pulle	TUNDAME		Date:	
By my signatur  1. I have of the core  2. The core  Authorit  3. The core	e is required a below, I ce conscientious ncerned out- ly's business ncerned out-	). rtify the follow sly reviewed to of-town travel and reasonal	ne above out-of-town to and all identified expen- ble in comparison to the and all identified expen-	evel request and the session of the	he details p	provided on the reverse.
Administrator			Inga		Date:	11.7.12
Tony	R. Rus	sell A	Ministration BEHALF	Ac haraby andis		ITTEE  tocument was approved
y the Executiv	e Committee	at its	1 26 1 2  re bank and we will insert the	., mee	eting.	



## TRAVELTRUST SCRIPPS RANCH

#### Phone: 1-800-792-4662

### Electronic Invoice

### Prepared For:

**BOWENS/THELLA** 

**SALES PERSON** 

**INVOICE NUMBER** 

INVOICE ISSUE DATE

RECORD LOCATOR

**CUSTOMER NUMBER** 

E4

1198832

07 Nov 2012

CODNOV

0000SDCRAA

#### Client Address

SAN DIEGO COUNTY REG AIRPORT AUTHORITY PO BOX 82776 SAN DIEGO CA 92138-2776

#### Notes

YOUR UNITED ETICKET CONFIRMATION IS \*\* DPGXY2 \*\* A GOVERNMENT ISSUED PHOTO ID IS NEEDED AT CHECK IN THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR THIS TICKET IS NON-REFUNDABLE AND MUST BE USED FOR THE FLIGHTS BOOKED. IF THE RESERVATION IS NOT USED OR CANCELLED BEFORE THE DEPARTURE OF YOUR FLIGHTS IT MAY HAVE NO VALUE. CONTACT TRAVELTRUST BEFORE YOUR OUTBOUND FLIGHT IF CHANGE IS NECESSARY.

PLEASE ALLOW EXTRA TIME FOR SCREENING AND BOARDING INTERNATIONAL-MINIMUM 3 HOUR CHECK-IN PRIOR TO DEPARTURE DOMESTIC-MINIMUM 2 HOUR CHECK-IN PRIOR TO DEPARTURE FOR ADDITIONAL SECURITY INFORMATION VISIT WWW.TSA.GOV

#### DATE: Wed, Dec 05

Flight: UNITED AIRLINES 546

From To

SAN DIEGO, CA

WASHINGTON DULLES, DC

**Departs Arrives** 

7:45am 3:34pm

**Departure Terminal** 

**Duration** Type

04hr(s):49min(s)

**BOEING 757 200 SERIES JET** 

Class Meal

UNITED ECONOMY Food for Purchase

Stop(s)

Non Stop

Seat(s) Details

**BOWENS/THELLA** 

Seat(s) - 12C

UA - XXXXXX 58

#### DATE: Sat, Dec 08

Flight: UNITED AIRLINES 240

From

WASHINGTON DULLES, DC

Departs

5:42pm

To

SAN DIEGO, CA

Arrives

8:17pm

Duration

Class

Type

05hr(s):35min(s) **BOEING 757 200 SERIES JET** 

Meal

UNITED ECONOMY Food for Purchase

Stop(s)

Non Stop

Seat(s) Details

**BOWENS/THELLA** 

Seat(s) - 11C

Arrival Terminal

UA - XXXXXX 58

DATE: Thu, Jun 06

Others

RESERVATION **RETAINED FOR 180 DAYS** 

## **Ticket Information**

**Ticket Number** 

UA 7144074457

**Passenger** 

**BOWENS THELLA** 

Service Fee

XD 0580819299

Billed to: **Passenger** 

**BOWENS THELLA** 

USD

\* 541.60

Billed to:

USD

\* 30.00

SubTotal **Net Credit Card Billing** 

USD 571.60

\* USD 571.60

**Total Amount Due** 

USD 0.00

TRAVELTRUST IS OPEN MONDAY - FRIDAY FROM 5AM-530PM PST AND SATURDAY FROM 9AM-1PM PST - 760-635-1700, FOR EMERGENCY AFTERHOURS SERVICE IN THE US PLEASE CALL 888-221-6062 AND USE YOUR VIT CODE - S7NS0 PLEASE NOTE THIS IS OUR NEW EMERGENCY NUMBER EACH EMERGENCY CALL IS BILLABLE AT A MINIMUM 25.00 THANK YOU FOR CHOOSING TRAVELTRUST...SCOTT MACKERLEY

Your travel arranger provides the information contained in this document. If you have any questions about the content, please contact your travel arranger. For Credit Card Service fees, please see eTicket receipt for total charges.

### Caldera Amy

From:

cgroup@aci-na.org

Sent:

Thursday, November 08, 2012 10:01 AM

To:

Bowens Thella, Caldera Amy

Subject:

2012 ACI-NA International Aviation Issues Seminar - Confirmation

11/08/2012



## **Meeting Confirmation Notice**

Please review your <u>CONTACT</u> information below as it will be used for rosters and badges. Any changes should be sent to <u>cgroup@aci-na.org</u> immediately.

PH: (619) 400-2445

FX: (619) 400-2448

EM: tbowens@san.org

Please note: The company name listed is per your Official Representative to ACI-NA. No changes to Company name is permitted.

Ms. Thella F. Bowens

President/CEO

NickName: Thella

San Diego County Regional Airport Authority

PO Box 82776 San Diego, CA 92138

You are registered for the following:

### 2012 ACI-NA International Aviation Issues Seminar

From Thursday, December 06, 2012 through Friday, December 07, 2012

Price	Quantity	UnitPrice	Description	
485.00	Total			
485.00	Payments			
0.00	Balance			

Thank you for registering for the 2012 ACI-NA International Aviation Issues Seminar. The conference will be held December 6-7, 2012. All events will take place at the Mayflower Renaissance Hotel in Washington, DC. Registration fees for the conference include all breakfasts, coffee breaks, educational materials and an invitation to ACI-NA 2012 Industry Holiday Party. Dress for the meeting is business casual.

#### HOTEL:

The Mayflower Renaissance Washington hotel is located at 1127 Connecticut Avenue, NW, Washington, DC 20036. For reservations, call the hotel at (202) 347-3000. Be sure to request the Airports Council International group rate of \$249 USD single/double occupancy. The hotel cut-off date is Thursday, November 8, 2012. Reservations made after this date can only be accepted on a space and rate available basis. The hotel may sell out of rooms or the conference rate before the cut-off date. Make your reservations early!

1055 BOWENS/THELLA 149.00 12/08/12 12:00 4790 ACCT#

MODB

12/05/12 16:16

90

Room

Address

**Payment** 

DATE	I I E E M	REFERENCE	CHARGES	CREDITS	MRW# . BALANCE DUE
12/06 12/06 12/07 12/07	ROOM S ROOM T ROOM	1055, 1 1055, 1 1055, 1 1055, 1	30.112		rcclipt pg 2 of 2 1 (See cxplanation)

PAYMENT RECEIVED BY: AMERICAN EXPRESS CURRENT BALANCE

THANK YOU FOR STAYING WITH US! TO EXPEDITE YOUR CHECK-OUT, PLEASE TOUCH 2490 ON YOUR PHONE, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:

ACALDERA@SAN.ORG
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

Your Rewards points/miles earned on your eligible earings will be credited to your account. Check your Rewards Account Statement for update activity.

## RECEIPTS FROM TRAVEL TO WASHINGTON, DC December 5 - 7, 2012—THELLA F. BOWENS

DULLES AIRPORT TAXI INC. PART OF WASHINGTON FLYER CAB #169

THANK YOU FOR USING US 703-661-8230

Date 12/05/2012 FROM: 15:37 TO: 16:16 TRIP # 705 DIST 26.40 mi FARE.....\$ 58.50 TIP....\$ 12.00 TOTAL....\$ 70.50 EXPIRATION DATE \*\*/\*\*

12/5/12 TAXI AP to hotel

Approved 168232 AMERICAN EXPRESS \*\*\*\*\*\*\*

THANK YOU FOR USING US 703-661-8230

> Trattu Restaurant 1823 Jefferson Pl NW Washington DC 20036-2504 202-452-4960

OnHold ID: 11

DATE\TIME: 12/5/2012 6:25:51 PMV SERVER: Patrizia STATION: 01

PARTY SIZE: 1

1823 JEFFERSON PL WASHINGTON, DC ZMARA

TRATTU

DATE: 12/05/12 TIME: 19:06:31 MERH: 907107000768 STRH: 3948 TERH: 0001 S-A-L-E-S D-R-A-F-T

SERVER: 0001

REF = 1671 BATCH: 301 CD TYPE: AX TR TYPE: PR

AMOUNT:

TIP AMT:

ACCT: \*\*\*\*\*\*\*\* AP: 507567

EXP: #\$/##

CARDMEMBER ACKNOWLEDGES RECEIFT OF GOODS AND/OR SERVICES IN THE ANOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDNEHBER'S AGREEMENT WITH THE ISSUER

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

	Page OF
Opened: 12/5/2012 6:25:51 PM	600 tip
GRAND TOTAL	\$40.15
Tax	\$4.20 3,35
Subtotal	\$41-95 33.45
1 MELE SALAD* 1 VEAL PARMIGIANA*	\$9.50 } 33.45 \$23.95   12/5/12 dinner
A MELE ALL ADA	\$9 50 S 33,45

# RECEIPTS FROM TRAVEL TO WASHINGTON, DC December 5 - 7, 2012—THELLA F. BOWENS

THE MONOCLE
202-546-4488

29 JOEL

TBL 2/1 CHK 625 GST 1

DECO6'12 09:35PM

1 CALAMARI APP 9.00

SUBTOTAL
TAX
TAX
10:17 BALANCE

THANK YOU 9.09

11.29

KEPH. I THE MONOCLE ON 107 D ST. NE WASHINGTON, DC 20002 12/06/2012 Merchant ID: 000000000 29348 Terminal ID: 02974938 4081001075 CREDIT CARD AMEX SALE CARD # XXXXXXXXXXX INVOICE 0077 Batch #: 000557 **SERVER** 0029 Approval Code: 560303 Entry Method: Swiped Mode: Online PRE-TIP AMT TP \*\*? TAL AMOUNT

12/06/12 dinner #9.09 +0x +0x +0x +0x +0x

	WASSH rm st	'C
	TBL 1055/1 CHK 220 06DEC'12 10:40AM	)3 GST 1
	l Delivery Charge: l TCAST	4.00
1	1 SIDE BACON 1 SEASON BERRIES 1 POT COFFEE	7.00 10.00 10.00
	A04790R1055 ROOM/ACCT CHG Sub-Total: 18% RS SVC CHG	45.94 36.00 5.76 4.18
Į	Total:	45.94 11:07AM

See Control of the Co	TAXICAB RECEIPT
	Time:  Date: Dec 8
Origin of trip:	de
Destination:	Dulle
Fare (52 (10)	Sign:
# Va	21

12/06/2 Breakfast 845.94

Page  $\frac{2}{}$  OF  $\frac{2}{}$ 

12/8/12 take (hotel to

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY TRAVEL EXPENSE REPORT

(To be completed within 30 days from travel return date)

TRAVELE	JRE DATE:	Thella F. Bowens			DEPT. NA				cutive O		V
		11/7/2012	RETUR	N DATE:		11/11/20	12	REPO	RT DUE:	1	2/11/12
DESTINA'		Toyko, Japan							<u></u>		
Piease rei	er to the Auth and annoval	nority Travel and Lodging Expense I	Reimbursement	Policy, A	ticle 3, Pa	rt 3.4, Sec	ction 3.40,	outlining a	ppropriate	reimburs	able
detail). An	and approval Ny special iten	ls. Please attach all required suppons should be explained in the space	rung aocumenu a provided belov	8000. All I N.	receipts m	ust de det	alled, (cre	dit card red	celpts do r	ot provide	sufficient
	RESEARCH IN		Authority								
			Expenses			-		ee Expens	ses		
			(Prepaid by Authority)	SUNDAY 11/11/12	MONDAY	TUESDAY	11/7/12		FRIDAY	SATURDAY	70741
Air Fare, R	ailroad, Bus	(attach copy of itinerary w/charges)	3,339.40	11/11/12	<del>                                     </del>	<del> </del>	11/1/12	11/8/12	11/0912	11/10/12	TOTALS
		de copy of flyer/registration expenses)			<del>                                     </del>	<del>                                     </del>					0.0
Rental Car							<del>                                     </del>				0.0
Gas and O	il*										0.0
Garage/Pa	rking*										0.0
	ittach mileage										0.0
	r Shuttle Fare	(include tips pd.)*		48.00				280.27		263.98	592.2
-lotel*								446.32	446.32	535.01	1,427.0
	, Internet and	Fax*									0.0
_aundry*											0.0
		naids,bellhop,other hotel srvs.)									0.0
Vieals Vinclude	Breakfast*						12.86				12.8
ips pd.)	Lunch*				ļ	<u> </u>			22.56	13.91	36.4
,,,,,	Dinner* Other Mea	let			<u> </u>	ļ		46.82	17.34		64.1
Alcohal is a	non-reimburs			Total Service & Barrier	All Control of the	PROPERTY AND ADDRESS OF	REMOVELS IN THE	No.	Programme and the second second		0.0
ospitality		avie expense				- 1 T					
	ous: Baggage	o Face									0.0
riiscollai let	ous. Daggage	C   '665									0.0
											0.0
Provide de	tailed receipt	s									0.0
		otal Expenses prepaid by Authority	3,339.40	48.00	0.00	0.00	12.86	773.41	486.22	812.90	0.0 2,133.3
volonotion			and the second second						700.22	012.80	
xplanation	).			8	Total Exp	enses Pre	paid by Au	ithority		0.000	3,339.4
						enses incl cash adv	urred by E	mployee			0.400.0
					Grand Tr		ances				2,133.3 5,472.7
					Publishment uncertain research	Shipping the Physics and Sec-	(attach cop	end Authority		1077714	
							paid by Au		UN MINISTER	MACADINEST (	3,339.4
101	44						ive amoun				J <sub>1</sub> JJB.41
<sup>2</sup> Prepare Ch	s and ousiness ( neck Request	affiliations of any persons whose meals w	rere paid by travel	er.	Due Authority (negative amount) <sup>3</sup>					2,133.39	
3Attach pers	onal check pay	able to SDCRAA			N	ote: Send t	his report to	Accountin	g even if th	e amount i	s \$0.
as travele	r or adminis	trator acknowledge that I have r	ead understa	nd and a							
elmburse	ment Policy	and 3.30 - Business Expense F	Zaimhureamai	nt Police <sup>5</sup>	and that	on only p	booos/sla	inn that	ei ariu Lu	iaying Ex	pense
esponsibil	ity I further	certify that this report of travel e	VADROS WORD	incurred	in conno	ariy purc	h official /		are not al	lowed wil	li be my
orrect.	.ty: 1 /0/11/0/	colony that this report of traver c	Aponses were	incured	III COMME	CHOIT WILL	i Omciai A	Authority E	usiness	and is tru	ie and
	Travel and	Lodging Expense Reimbursement F	Policy 3.40	J	Business I	Expense F	Reimburse	ment Polic	v 3.30		
repared By	r:	Ara	y G. Caldera					Ext.:	<del>*</del>	2445	
		Wille Min	Print Type Name on	1		_ <u></u>	,		11/	2445	5 . A
aveler Sig	nature: (	MUCH FY	MM/K	/			[	Date:	4 12	10 30	13
oproved By	<i>i</i> .							Date: _			
JTHORITY	CLERK CEI	RTIFICATION ON BEHALF OF EX	ECUTIVE COM	MITTEE	(To be cer	tified if us	ed by Presi	dent/CEO	Gen Cour	seal or Ch	of Auditor
							nt was app				
ease leave	blank. Whoev	er clerk's the meeting will insert their na	me and title.)	CIODY COI	ury urat UN	a uocume	nt was app	novea by t	ne Execut	ive Comm	iπee at its
		meeting.									
		ert the meeting date.)									
illure to att	ach required	documentation will result in the dela	ay of processing	reimburs	ement. If	you have	any quest	ions, pleas	se see		

your department Administrative Assistant or call Accounting at ext. 2806.

S:\Executive Office\0405-50 Travel and Expense Reports\2012\Thella\11-07, Kyoto Japan\Travel Expense Report (Toyko, Japan).xlsx

Date	Expense	Amount	Exchange Rate	Reimb	urse Amount
11/8/2012	Railway	¥22,360	0.01253444	\$	280.27
11/8/2012	Hotel	¥36,036	0.0123854	\$	446.32
11/8/2012	Dinner	¥3,780	0.0123854	\$	46.82
11/9/2012	Lunch	¥1,800	0.0125333	\$	22.56
11/9/2012	Dinner	¥1,400	0.0123854	\$	17.34
11/9/2012	Hotel	¥36,036	0.0123854	\$	446.32
11/10/2012	Lunch	¥1,100	0.0126454	\$	13.91
11/10/2012	Railway	¥20,870	0.0126488	\$	263.98
11/10/2012	Hotel	¥43,197	0.0123854	\$	535.01
			Total:		
Line ite	ems in gray scale al	oove represent exp	penses shown on ho	tel invoic	e.
Туре	US Dollar	Divided by	Exchange Rate		
Credit card:					A Maria Cara

Cash:

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY OUT-OF-TOWN TRAVEL REQUEST

<b>GFNI</b>	FRAI	INSTRI	ICTIC	NS.

by the Executive Committee at its

A. All travel requests must conform to applicable provisions of Po     B. Personnel traveling at Authority expense shall, consistent with	olicies <u>3.30</u> and <u>3.40</u> . In the provisions of Policies <u>3.30</u> and <u>3.40,</u> use
the most economical means available to affect the travel.  1. TRAVELER:	10945-4046997015
Travelers Name: Thella F. Bowens	Dept: 6 - Executive Office
Position: Found Member Fresident/CEO G	en. Counsel
☐ All other Authority employees (does not require executi)	ve committee administrator approval)
2. DATE OF REQUEST: 09/24/12 PLANNED DATE OF DEPARTU	• • • • • • • • • • • • • • • • • • • •
DESTINATIONS/PURPOSE (Provide detailed explanation as to the of paper as necessary):     Destination:Toyko, Japan     Purpose: A	
· · · · · · · · · · · · · · · · · · ·	Attend Kyoto Foundation Event in Toyko at f Dr. Inamori Chairman of JAL
Explanation:	Dr. mamon Chairman Of JAL
<ul> <li>4. PROJECTED OUT-OF-TOWN TRAVEL EXPENSES</li> <li>A. TRANSPORTATION COSTS: <ul> <li>AIRFARE</li> <li>OTHER TRANSPORTATION (Taxi, Train, Car Rental)</li> </ul> </li> <li>B. LODGING</li> <li>C. MEALS</li> <li>D. SEMINAR AND CONFERENCE FEES</li> <li>E. ENTERTAINMENT (If applicable)</li> <li>F. OTHER INCIDENTAL EXPENSES</li> <li>TOTAL PROJECTED TRAVEL EXPENSE</li> </ul>	\$ 4900.00 \$ 500.00 \$ 1100.00 \$ 500.00 \$ \$ \$ \$ 200.00 \$ 7200.00
CEPTIEICATION BY TRAVELED B	
CERTIFICATION BY TRAVELER By my signature below, I certificated available and the control of the	fy that the above listed out-of-town travel and
associated expenses conform to the Authority's Policies 3.30 and 3.40 authority's business.  Travelers Signature:	and are reasonable and directly related to the
The state of the s	- OH NAGH WATE
CERTIFICATION BY ADMINISTRATOR (Where Administrator	or is the Executive Committee, the Authority
Clerk's signature is required).	,,
By my signature below, I certify the following:	
I have conscientiously reviewed the above out-of-town travel re-	quest and the details provided on the reverse.
<ol><li>The concerned out-of-town travel and all identified expenses are</li></ol>	e necessary for the advancement of the
Authority's business and reasonable in comparison to the antici	pated benefit to the Authority.
<ol> <li>The concerned out-of-town travel and all identified expenses co Authority's Policies 3.30 and 3/40.</li> </ol>	nform to the requirements and intent of
Administrator's Signature:	Date: 9.24-12_
AUTHORITY CLERK CERTIFICATION ON BEHALF OF EX	XECUTIVE COMMITTEE
1, Tony R. Russell, Authority Clerk, h (Please leave blank. Whoever clerk's the meeting will insert their name and title.)	ereby certify that this document was approved

(Leave blank and we will insert the meeting date.)

meeting.



### TRAVELTRUST SCRIPPS RANCH THANK YOU FOR USING TRAVELTRUST

Phone: 1-800-792-4662

#### Electronic Invoice

#### Prepared For: **BOWENS/THELLA**

SALES PERSON

INVOICE NUMBER

**INVOICE ISSUE DATE** 

**RECORD LOCATOR** 

**CUSTOMER NUMBER** 

M2

1197478

24 Sep 2012

**OVWOXH** 

0000SDCRAA

#### Client Address

SAN DIEGO COUNTY REG AIRPORT AUTHORITY PO BOX 82776 SAN DIEGO CA 92138-2776

#### Notes

FOR TRAVEL TO JAPAN

A US CITIZEN MUST HAVE A VALID PASSPORT
YOU CANNOT TRAVEL OUT OF THE UNITED STATES IF YOUR U.S.
PASSPORT EXPIRES WITHIN 6 MONTHS OF YOUR DEPARTURE DATE

FOR EMERGENCY AFTERHOURS SERVICE WHILE IN JAPAN

PLEASE CALL 010/061-010/0041-010/0033-0100 THEN 800-15253545

IF INTL AFTERHOUR NUMBER DOES NOT WORK

DIAL DIRECT OR COLLECT 201-221-4462

YOUR INTERNATIONAL TRAVEL MAY REQUIRE VACCINATIONS PLEASE CHECK WWW.CDC.GOV FOR LATEST REQUIREMENTS

#### DATE: Wed, Nov 07

Flight: UNITED AIRLINES 663

From

SAN DIEGO, CA

Departs

6:20am

Τo

SAN FRANCISCO, CA

Arrives

8:02am

Departure Terminal

Arrival Terminal

Duration

01hr(s):42min(s)

Class

**BUSINESS/BUSFIRST** 

Type

**AIRBUS** 

Meal

Refreshment -

**INDUSTRIE A320** 

**BOWENS/THELLA** 

Complimentary

Stop(s) Seat(s) Details Non Stop

Seat(s) - 02B

UA - XXXXXX 58

DATE: Wed, Nov 07

Flight: UNITED AIRLINES 837

From SAN FRANCISCO, Departs 11:00am

CA

To TOKYO NARITA, Arrives 3:15pm

JAPAN

Departure Terminal Е Arrival Terminal

Duration 11hr(s):15min(s) Class **BUSINESS/BUSFIRST** Type **BOEING 744 JET** Meal Lunch

Stop(s) Non Stop

Seat(s) Details BOWENS/THELLA Seat(s) - 12J UA - XXXXXX 58

**DATE: Sun, Nov 11** 

Flight: UNITED AIRLINES 838

From TOKYO NARITA, Departs 5:10pm **JAPAN** 

SAN FRANCISCO, To Arrives 9:10am

Departure Terminal **Arrival Terminal** 

Duration 09hr(s):00min(s) Class **BUSINESS/BUSFIRST** 

**BOEING 744 JET** Type Meal Dinner Stop(s) Non Stop

Seat(s) Details **BOWENS/THELLA** Seat(s) - 13B UA - XXXXXX 58

DATE: Sun, Nov 11

Flight: UNITED AIRLINES 628

SAN FRANCISCO, From Departs 10:54am

CA

To SAN DIEGO, CA Arrives 12:30pm

**Departure Terminal** 

**Arrival Terminal** Duration

01hr(s):36min(s) Class **BUSINESS/BUSFIRST** Type **BOEING 757 200** Meal Refreshment -

**SERIES JET** Complimentary Stop(s) Non Stop

Seat(s) Details **BOWENS/THELLA** Seat(s) - 02B UA - XXXXXX 58

DATE: Fri, May 10

Others

RESERVATION **RETAINED FOR 180 DAYS** 

Ticket Information

Refunded CO 8719903793 Passenger **BOWENS THELLA** 

**Ticket Refund Original Invoice** 1189176

**Ticket Refund Original Invoice** 1189176 Refunded USD - 983.80

Refunded to Credit Card

**Ticket Number** UA 7133750885 Passenger **BOWENS THELLA** 

Billed to: AX XXXXXXXXXXX USD \* 4,283.20 Service Fee XD 0579238268 **BOWENS THELLA Passenger** 

Billed to: USD \* 40.00

SubTotal USD 4,323.20 **Less Refund Amount** USD - 983.80 **Net Credit Card Billing** \* USD 3,339.40

**Total Amount Due** USD 0.00

4).

## STATEMENT



NAME

Ms.

BOWENS THELLA F

ROOM No.

1007

PAX

1

DISCOUNT RATE

0%

ARR

2012/11/08

DEP

2012/11/11

DATE	DESCRIPTION	ROOM No.	CHARGES CREDIT	EXPLANATION
11/08	PACKAGE SERVICE CHARGE CONSUMPTION TAX LA RISATA DIONEY PACKAGE SERVICE CHARGE CONSUMPTION TAY	1007	31, 2007 3, 120(36, 036) 1, 716) (3, 780) su page 5 31, 200 3, 120(36)	* \$444.32 * 6033 * 6444.32
11/10	CONSUMPTION TAX ROOM SERVICE PACKAGE SERVICE CHARGE CONSUMPTION TAX	1007	1,716 (1,400) See pg 6 37,400 3,740 2,057 43,197	* 3999 \$17.34 * * \$ 535.01

\$1491.81 (See attached) Amox Statement)

1

exchange rate .0123854

GRAND TOTAL

120, 449

Thank you for staying with us. We look forward to the pleasure of serving you again.



# ホテルグランヴィア京都

HOTEL GRANVIA KVOTO

〒600-8216 京都市下京区烏丸通塩小路下る東塩小路町901番地 901 Higashi-shiokoji-cho, Shiokoji Sagaru, Karasuma-dori, Shimogyo-ku, Kyoto TEL.075-344-8888 FAX.075-344-4400

ISSUED NO. 111104125394 J 1 1 04 1 0 \* 12/11/11 09:38 R19

EXP DATE: XX/XX AUTH CODE: 524161 THELLA F BOWENS  **** SEAT 1 **** 1 EGG BRKFST 6. TOTAL: 10.86 WHEAT	GST 1
TIP:	49 08
SUBTOTAL TAX  I AGREE TO PAY THE ABOVE AMOUNT IN ACCORDANCE SITH THE CARD ISSUER'S  HOW DID WE GO? KULDIP JOHAL GENERAL MANAGE 949.252.6125 X 15 KULDIP.JOHAL@HMHSHOST.COM	B S Tip ER
Receipt Name: November 8, 2012	
#22,360 In payment of Fare ticket(by credit card) The printing on this receipt will fade with time. Please photocopy if you need it for your records.  East Japan Railway Company 成田空港訪セ704 No.000008	: £1)

11/8/12 Railway Recept \$28027 (Ticket on pg 3)

お客様控

クレジットカードご利用票/CREDIT CARD SALES SLIP

有XX-XX

会社名·会員番号

AMEX-XXXXXXXXXXXX 取引内容:お買上 支払区分: - 括

¥22,360

商品名: (CS決済)乗車券類

3枚(册)

11月 8日 成田空港→京都市内 億 払戻しはJR東日本の取扱箇所のみでいたします。

変更や払戻しの方法等に制限があります。 この控は大切に保存してください。

24.11.-8 20163-05

成田訪セA4発行

11/8/12 Train from Narita to Kyoto

京都ポルタ店

075-343-3499

¥970込

4点

京都市下京区東塩小路京都駅前地下 街ポルタレストランソーン

お得なポイントカード会員募集中! ご入会当日からポイント加算! 詳しくはスタッフまで。

2012年11月 9日(金)13時37分000101

ペンネアラビアータ

ガーデンサラダ ¥830込 紅茶 ¥0込 AFNT ¥0i入 伝票No. 15819 テーフ\*ルNo. 小 計 額 ¥1.800 内税対象額 ¥1,800 内 税 ¥85 合 ¥1,800 現余 ¥1,800

2 2 扱桶作 清美 No. 5867 1名

合計点數

11/9/12 < Lunch CC receip



?012年11月 9日(金) 13:35 No:5120

クレジット売上票

この控は大切に保存して下さい。

カード発行会社 37-006 AMEX CARD 会員番号 XXX-XXXX-XXXX 有効期限 XXXX年XX月 お取扱日 伝票番号 2012年11月 9日 46123 商品区分 取引内容 取扱区分 990 お買上 110 処理通番

[一括] 5922 ¥1,800 承認番号

0000096 合計額 ¥1,800 ご案内

シ゛ェ・シーヒ゛ー

. 4000-5922-00⊨00-1109>

加盟店

カプリチョーザ TEL 075-343-3499

売場 : 係員

5120



2

取引No7825

0000:

加鹽店名 MERCHA	ット売上票]G ANT
ク"ラント"PHキョウト 075-712-1111 傑士番号 TCOM A	
で利用目 DATE 伝票番号 SLIP M	10 49536-560-34780 12/11/10 13:19:29 10 1 8 1 3 4
会員番号 XX ACCT No	XXXXXXXXXXX (Ms)
取引内容)支	私区分   取扱区分
	一括   1   0 効期限   P DATE
	X/XX   ¥1,100
合計金額 BOWENS THELLA	¥1,100
三利用ありがと =	こさいました ちしております
S918216 売場:	係員:
SALES COUNTER INFOX お客様控	CLERK COSTOMERS COPY
	<b>阿丁松 1000 00 00 00 00 00 00 00 00 00 00 00 0</b>

11/10/12 Lunch\_ \$1391

お客様控	クレジットカードで利田	票/CREDIT CARD SALES SL	
会社名·会員番号 取引内容:お買上	AMEX-XXXX 支払区分: - 括	Copygo	有XX-XX
商品名:指定	<b>券</b> 例	3枚(冊) 111	¥20,870
払戻しは、JR西日 現金での払戻しはい この控は大切に保存	本のクレジットカード取ったしません。 してください。	吸寒口のみでお取扱いいたし	ます。
24.11.10 20	0674-02	京都駅回1発行	

11/10/12 Railway #26398

Page \_\_\_\_\_\_\_ OF \_\_\_\_\_

Total hotel 1
payment
receipt

SINCE RADIO SERVICE	(619) 280-5555 SanDlegoSilverCab.com
FARE RECEIPT The	sum of: \$ 40
From: A. Pors To: Fase Para	- 48 - 18 of
Driver: Ambre Thank You for your Business!	Cab#: 765 MTSTA 000029

**1べ** そした

	3:30~2 000  - 44-9   CEIPT*	**	
R-No :6033 T-No :0011 ORDER :DINNER C-TIME:NIGHT PERSON:0001			
Caprese V		2,200	
Pomodoro /	( 1	2,200) 2,000	
SUB TOTAL		4,200	
DISCOUNT		420	(On hotel bill)
SERVICE CHARGE CONSUMPTION TAX GRAND TOTAL	(	326) 179) 3,780	11/8/12 dinner #46.82
ROOM CHARGE 010	07	3,780	

017/17

Page \_\_\_\_OF \_\_\_\_

江崎

## HOTEL GRANVIA KYOTO

ルームサービネ

		47	·	Λ			
	ដែ & item			U	ル価 nit Price	Qty	7399940 <b>37</b> -05 Amount
Mixe F.F.	ed Nuts Potatoe	S			600 800	1	600 800
							To consider
							response to the second
	T/h	51.	C. L.	T 1		The state of the s	
		ōΓ	Sub '	Lotal		The first against the state of	1,400
	サービス	科	Serv	ice Cl	harge		121
	消費稅	<b>*</b>	Consi	umpti	on Tax		0
R-No	399	9	(		台 計 Total		1,400
お支払い	Payme	nt	ROOM	CHA0	1007	, wherever and error as dat is, go	1,400
						~	

ご利用人数	
Persons	
ご利用目	
Date	
会月春号 dembership No.	
dembership No.	

1 4007 0002 0001 12.11.09 21:23 DINNER

S4

(On hotel bill) 11/9/12 dinner # 17.34°

お部屋番号 Room No.

ご請求先

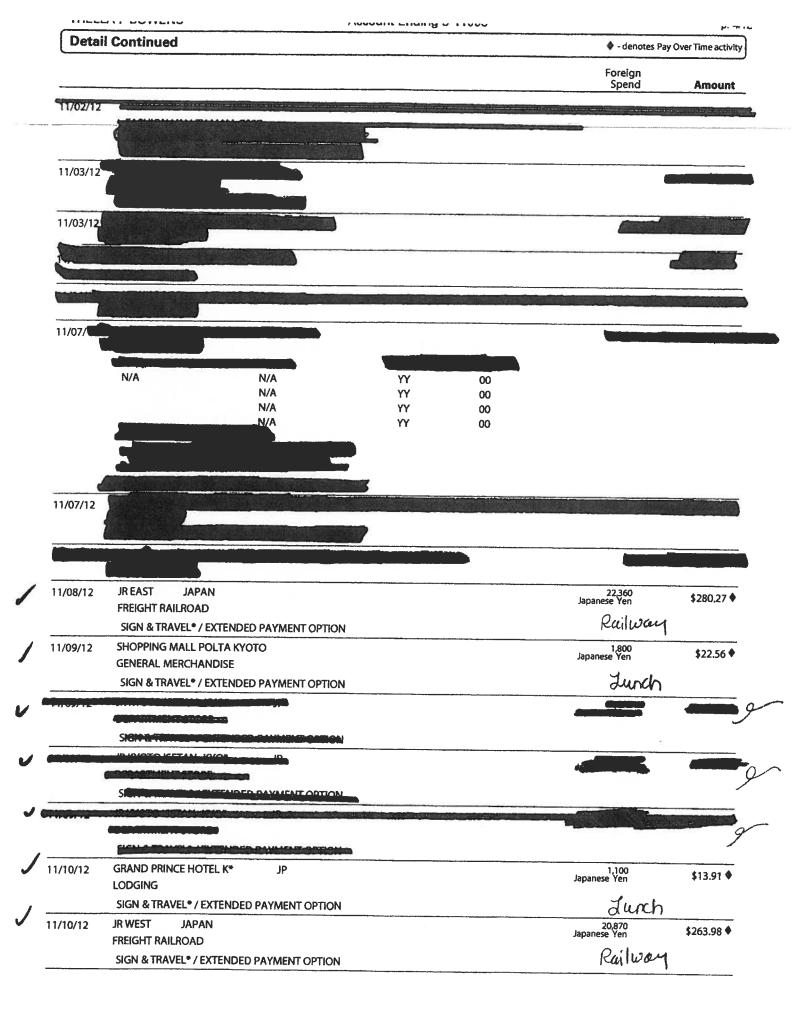
Company Name

ご客行 Signature (Please Print)

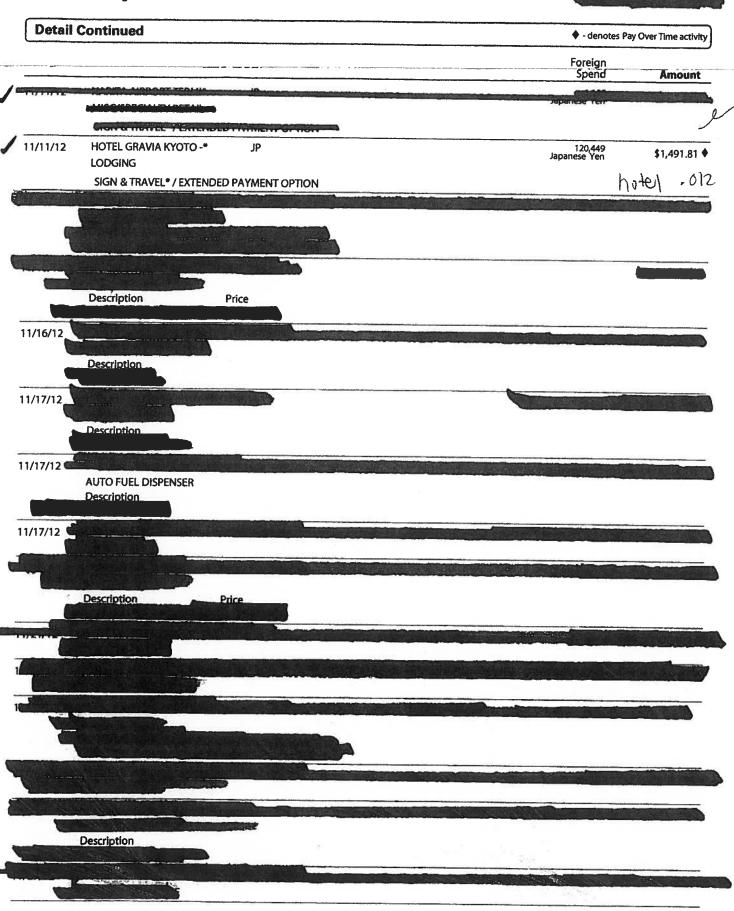
🌼 ホテルグランヴィア京都

〒600-8216 京都市下京区岛丸通塩小路下ル東塩小路町901 TEL. (075)344-8888(代) FAX. (075)344-4400

5 of



### THELLA F BOWENS Closing Date 11/27/12



# **BUSINESS EXPENSE**

# **BRET LOBNER**

# SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY BUSINESS EXPENSE REIMBURSEMENT REPORT

October and November
Period Covered

DATE	G/L Account	Description		AMOUNT
10/19/12 11/7/12	66290 66290	Parking - West Tech v. SDCRAA D69 Barton F	Hearing	\$12.00
11///12	00290	r arking - Meeting -SDCERS		\$10.00
			TOTA	\$22.00
I acknowledge that	have read, understand	and agree to Authority *Policy 3.30 - Business Expense		
certify that this repo	rt of business expenses	ses that are not allowed will be my responsibility. I further were incurred in connection with official Authority		
business and is true * Policy 3.30	and correct.		APPROVED	:
	But	XIP	Auch	
NAME	•		NAME	
	11-29	12	11/28/12	
DATE			DATE	

SUNSET PARKING

Expiration Date/Time

11:02 AM OCT 19, 2012

Purchase Date/Time: 09:02am Oct 19, 2012 Total Due: \$12.00 Rate: 0-2 HOURS = \$12 Total Paid: \$12.00 Ticket #: 79050041 S/N #: 500012130230 Setting: Sofia 1 Mach Name: Sofia 1

Auth #: 0742

Payment Type: Ci

PARKING RECEIPT

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#### RECEIPT SOFIA

SUNSET PARKING Expiration Date/Time: 11:02am Oct 19, 2012 Purchase Date/Time: 09:02am Oct 19, 2012

Total Due: \$12.00 Total Paid: \$12.00 Ticket #: 79050041 Setting: Sofia 1 Mach Name: Sofia 1 Rate: 0-2 HOURS = \$12 Payment Type: Ca

Card #\*\*\*\* Visa

ACE PARKING LOT 1022 One Hour Parking

leter: 00000001 tall #: 032 rans: 062761 rice: \$10.00 ard: VISA 02771C uth:

> XPIRATION TIME: 2012

Thank You R CHOOSING ACE PARKING

THIS IS YOUR RECEIPT

THIS IS

# October 19, 2012

Friday

October 2012 November 2012 SuMo TuWe Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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	19	Friday		4年的1965年	Notes
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# November 07, 2012 Wednesday

